



City of Riverside
Personnel Policy and Procedure Manual

Approved: _____

Personnel Director

City Manager

Number: VI-7 Effective Date: 5/92

SUBJECT: **FURLOUGH POLICY (VOLUNTARY/UNPAID)**

PURPOSE:

To provide for a uniform policy for all City employees in the granting and taking of voluntary furloughs.

POLICY:

In the event that the City Manager determines that cost savings measures should be taken, which includes the reduction of personnel costs, the City may implement a "Voluntary Furlough Without Pay Plan."

The following policies shall apply to the "Voluntary Furlough Without Pay Plan":

- 1) No form of salary compensation may be taken (i.e., vacation, compensatory time, administrative leave). Holidays shall be paid as usual.
- 2) All existing benefits that have been paid by the City shall continue to be paid by the City (i.e., PERS, Health & Dental-City portion, Deferred Compensation-City portion, Life Insurance). All deductions previously paid by the employee shall continue to be taken out of the employee's check when a check has been issued with sufficient funds. In other cases, it shall be the employee's responsibility to make arrangement to pay their portion of benefits or other payroll deductions. This includes, but is not limited to, health, dental and LTD insurance premiums, deferred compensation, credit union, bonds, union dues, court ordered payments.
- 3) There shall be no loss of seniority with the City, department, or with the position. There is no break in service.
- 4) All benefits shall accrue as if the employee were working (i.e., vacation, sick leave).
- 5) An employee may take up to three (3) months of voluntary furlough at any one time. Furloughs in excess of 30 calendar days must be approved by the City Manager.
- 6) The requested furlough days must be approved by the department head. The department head may accept or reject a request for furlough after considering the employee's position, seniority and the needs of the department.

- 7) Employees with accrued vacation in excess of the maximum time allowed or with compensatory time in excess of 42 hrs. may not participate in this plan until they are in compliance with the maximum hours allowed.
- 8) Taking unpaid furlough should not result in the need for any other employee to work overtime.

PROCEDURE:

Responsibility	Action
City Manager	1. Notifies department heads that personnel cost savings should be implemented through the voluntary furlough program.
Department Head	2. <i>Notifies employees of the need to attain salary savings through the furlough plan and distributes Furlough Policy and Furlough Request Form (1210.003) to all eligible employees.</i>
Employee	3. Completes and submits request form to supervisor.
Supervisor	4. Reviews form, makes any appropriate comments, and makes recommendation.
Department Head	5. Accepts or rejects request. At the time of the leave, forwards copy of request with P-2 (131-2) to the Personnel Department.
Employee	6. Prior to leave, makes arrangements with Payroll and Personnel to make deductions and/or payments for payroll deductions that shall be in effect at the time of the leave. For periods of one work week or less this may not be necessary since the amount of payroll deduction may be satisfied by the paid work week.

Payroll

7. Works with employee in determining what payroll deductions need to be made during the period of leave.

Personnel

8. Works with employee to make arrangements for any premium payments that shall need to be made by the employee.

Department Head

9. Submits a returning P-2 to Personnel when the employee returns.

Attachments:

1. Voluntary Furlough (1210.003)

VOLUNTARY FURLOUGH
Reduction in Work Hours Without Pay

The City Manager has initiated a Voluntary Furlough Program. Attached is a copy of the Personnel Policy and Procedure Manual section dealing with furloughs. If you wish to participate, please indicate how many days you wish to be on unpaid furlough and your first and second choices of dates.

NAME: _____

TITLE: _____

SALARY: _____

DAYS: _____

DATE(S)/1ST: _____

DATE(S)/2ND: _____

HAVE YOU ACCUMULATED IN EXCESS OF 42 HOURS OF UNUSED COMP. TIME?
_____ **YES** _____ **NO**

WILL YOUR ACCRUED VACATION TIME EXCEED THAT ALLOWED FOR TWO YEARS ON 12/31 OF THIS YEAR?
_____ **YES** _____ **NO**

I have read and understood the policy for voluntary furlough and I make this request on my own free will. I also understand that any benefit or payroll deduction that is in effect at the time of the furlough will be deducted from my check (if any) or I will make arrangements with Payroll and Personnel to make those payments.

Employee's Signature _____ **Date:** _____

SUPERVISOR'S COMMENTS & RECOMMENDATION:

Supervisor's Signature _____ **Date:** _____

Department Head: **Accept** _____ **Reject** _____

Signature _____ **Date:** _____